P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

	TE / OFFICEHOLDER FORM C/OH N FINANCE REPORT COVER SHEET PG 1				
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers) 2 Total pages filed:				
3 CANDIDATE/ OFFICEHOLDER NAME	MR. FIRST RALPH OFFICE USE ONLY				
	MCCLOUD OFFICIAL RECORD				
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE CITY SECRETARY				
Change of Address	Date Hand-part of Postmarket				
5 CAMPAIGN TREASURER NAME	MS, FIRST CHRISTINA MI Receipt # Amount				
	NICKNAME LAST SUFFIX Date Processed  MCCLOUD  Date imaged				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
8 REPORTTYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year Month Day Year 04 / 03 / 03 THROUGH 04 / 26 / 03				
10 ELECTION	ELECTION DATE Month Day Year  05/03/63				
11 OFFICE	OFFICE HELD (if any)  COUNCIL MEMBER \$ COUNCIL MEMBER DIST 8				
13 NOTICE OF DIRECT CAMPAIGN	•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
additional pages	Address / PO Box: Apt. / Suite #; City; State; Zip Code ,				
	GO TO PAGE 2				

#### P.O. Box 12070 Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER REPORT:

## FORM C/OH

1-800-325-8506

_S	COVER SHEET PG 2
	15 ACCOUNT #(Ethics Commission filers)
le without the candidate's or officeholder's knowledge or consent. Candida	idate / officeholder. These expenditures ates and officeholders are required to report
COMMITTEE NAME	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
	•
COMMITTEE CAMPAIGN TREASURER ADDRESS	
no reportable activity occurred during this reporting period. (Sign affidavit be	nlow and submit pages 1 and 2 only.)
POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	\$ 11, 325, 00
POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$
POLITICAL EXPENDITURES	\$ 4132.32
	\$
is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by
Public F TEXAS Signature of Candi	date of Officeholder
<b>i</b>	, this the All day
rtify which, witness my hand and seal of office.	
Printed name of officer administering oath Tit	le of officer administering oath
	olice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.  COMMITTEE NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  no reportable activity occurred during this reporting period. (Sign affidavit be POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED.  POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED.  POLITICAL EXPENDITURES  PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD  I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.  GONZALES  Public F TEXAS  S5/17/2004  the said  RAPA MCLICAL  Signature of Candidation of the said Raph Mand and seal of office.

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH.

	אס Guide explains how to complete this form.	•	1 Total pages this	Schedule A1:
FILER NAM	McCLOUP RAL	PH	3 ACCOUNT # (E	thics Commission filers)
Date			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/09/03	PAVLIK + ASSOCIATION 6 Contributor address; City; State; Zip Code 1115 W. 2ND ST	•	250.00	
	FORT WORTH, TX	76102	• *	r 1
Principal occu	pation (Optional)	10 Employer (Optio	nal)	
Date	Full name of contributor Out-of-state PAC (ID#:		) Amount of contribution (\$)	In-kind contribution description (if applicable
4/12/03	Contributor address; City; State; Zip Code 4/2/ HAMP8H/PE	•	250.96	
Principal occup	FORT WORTH TX Dation (Optional)	Employer (Option	nal)	
Data				
Date	Full name of contributor   out-of-state PAC (ID#:_  GLENN O. LEWS	)	Amount of contribution (\$)	In-kind contribution description (if applicable
12/03	Contributor address; City; State; Zip Code		250,00	
	FORT MARTIL TV			
Principal occup	FORT WORTH, TX ation (Optional)	Employer (Option	ai)	
Principal occup	ation (Optional)  Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
Date	ation (Optional)	Employer (Option	Amount of	
	Full name of contributor out-of-state PAC (ID#:_  ED	Employer (Option	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date  28/03  Principal occupa	Full name of contributor out-of-state PAC (ID#_  LD	Employer (Option	Amount of contribution (\$)	
Date  28/03  Principal occupa	Full name of contributor out-of-state PAC (ID#:_  ED	Employer (Option	Amount of contribution (\$)	description (if applicable

ase see instruction guide for additional reporting requirements.



# Fort Worth Professional Firefighters Committee for Responsible Government



Dear Mr. McCloud,

This letter is to notify you that to date, 4/20/03, your friends at the Ft. Worth Firefighters Committee for Responsible Government have made an In Kind contribution of \$320.23 to your campaign in the form of yard sign assembly. We have also made a direct campaign contribution of \$2000.

Sincerely,

David Dodson

President

**FWFFCFRG** 

	THAN PLEDGES OR LOAN		**************************************	SC-SPAC, SPAC, & SPAC-SS)
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAM	McCLOUP RAL	PH	3 ACCOUNT # (E	hics Commission filers)
4 Date 64/12/63	BOBBIE EDMONPS  6 Contributor address; City; State; Zip Code	LAW OFS	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	upation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/9/03	Contributor address; City; State; Zip Code 612 HIGH WOODS TR FORT WORTH TX		100,60	
Principal occu	pation (Optional)	Employer (Option	al)	
Date 4/12/03	Full name of contributor   out-of-state PAC (ID#:_FORT WORTH FIRE FIGHTE REF.  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	417 N. RETTA FORT WORTH, TX		2000.00	320,23 sign assendby
Principal occup	pation (Optional)	Employer (Options	al)	0
Date	Full name of contributor Out-of-state PAC (ID#_ LAW OFF (CE OF QWIN	04 BURUS	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12/03	Contributor address; City; State; Zip Code P. O. BOX 8704 FORT WORTH TX 7	×124	250.00	
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date 4/n/o3	FRANK MUSS Cam / Contributor address; City; State; Zip Code	PACEN	Amount of contribution (\$)	In-kind contribution description (if applicable)
	FORT WOLTH, TX T	16112	50,00	
Principal occup	ation (Optional)	Employer (Optiona	1)	:
lf contril	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	OF THIS FORM A	S NEEDED	G FOGUITOW

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

The Instruct	пом Guide explains how to complete this form.	1 Total pages this	Schedule A1:
FILER NAM	MCCIOUD ROIPH	3 ACCOUNT# (E	thics Commission filers)
Date	5 Full name of contributor   Out-of-state PAC (ID#: VERNON EVANS	_) 7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
4/12/03	6 Contributor address; City; State; Zip Code 808 FIREWHEEL	100,00	<u> </u>
	FORT WORTH, TX 76/12		[
Principal occ	supation (Optional) 10 Employer (Opti	onai)	
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)	In-kind contribution description (if applicable
18103	Contributor address; City; State; Zip Code 7629 NUTWOOD	100.00	
	FOLT WORTH TX 76133		
Principal occu	upation (Optional) Employer (Optional)	onal)	*
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable
15/03	Contributor address; City; State; Zip Code  957 VICK! LN  FORT WERTH 761-4	50.00	
Principal occu	pation (Optional) Employer (Optional)	nai)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/03	Contributor address; City; State; Zip Code  2409 WINTON TER WINTON TER WINTON TER WINTON	160,08	
Principal occu	pation (Optional) Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
16/03	Contributor address; City; State; Zip Code  1501 MERRIMAC	250,06	
	FORT WORTH 76167	1	

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH.

### Principal occupation (Optional)  Date   Full name of contributor   Out-of-state PAC (IDR:					SC-SPAC, SPAC, & SPAC-SS
Mc CLOUP. RALPH  Date 5 Full name of contributor   gul-d-state PAC (IDF   7 Amount of contribution (8) 8 In-kind contribution (9) 8 January   7 Amount of contribution (9) 8 January   7 Amount of contribution (9) 8 January   7 Amount of contribution (9) 9 January	The Instruction	אס Guide explains how to complete this form.		1 Total pages this	Schedule A1:
TAMES TO AL    14   16   03   6 Contributor address; City: State; Zip Code 248 N. BALLEY Forth Worth Tx 7619   250, add     248 N. BALLEY FORT Worth Tx 7619   10 Employer (Optional)	FILER NAM	McCLOUP, RALA	041	3 ACCOUNT # (EI	hics Commission filers)
Fincipal occupation (Optional)   Employer (Optional)	Date	I			8 In-kind contribution description (if applicable
Principal occupation (Optional)  Date   Full name of contributor   Out-of-state PAC (ID#   Amount of contribution (S)   In-kind contribution (B)    ### Principal occupation (Optional)  Date   Full name of contributor   Out-of-state PAC (ID#   TAN ID#   TAN	4/16/03	6 Contributor address; City; State; Zip Code 248 N. BALCEY		250,00	
Date Full name of contributor   out-of-state PAC (IDR.   Amount of   DAVLD   F. CHA PPEUL   Contribution (S)   description (if applicable   Amount of   DAVLD   F. CHA PPEUL   Contribution (S)   description (if applicable   Amount of   Contributor address; City, State; Zip Code   SOO, 0°   Amount of   Contributor   CAPALD   SHAW   Contributor   Contributor   CAPALD   Contributor (S)   Contributor (If applicable   Contri			76607		 
DAVID F. CHAPPEU   In-kind contribution (s)   Contributor address: City: State: Zip Code   SOD, 0°	Principal occu	pation (Optional)	10 Employer (Option	nal)	
Principal occupation (Optional)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation (Optional)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation (Optional)  Date  Full name of contributor  HOLT HICKMAN  Contributor address; City; State; Zip Code  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Date  Full name of contributor  Out-of-state PAC (IDIE:  HOLT HICKMAN  Contributor address; City; State; Zip Code  Principal occupation (Optional)  Employer (Optional)	Date				In-kind contribution description (if applicable)
Principal occupation (Optional)  Date  Full name of contributor  GERALD SHAW  Contributor address; City: State: Zip Code  2517 ThANN'S IA  Fincipal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Amount of contribution description (if applicable occupation (Optional))  Date  Full name of contributor  HOLT HICK MAN  Contributor address; City: State: Zip Code  F.O. BOX 168  FORT WERTH, TX RIS(  Employer (Optional)  In-kind contribution description (if applicable)  Contributor address; City: State: Zip Code  THE RENT LAW FIRM  Contributor address; City: State: Zip Code  ITOR FULL NORTH TX TORY  FORT WORTH TX TORY  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)	1/18/03	201 MAIN ST		500,00	
Date  Full name of contributor  GERALD  SHAW  (14] 03  Contributor address: City: State; Zip Code  2517  THANN'S L4  FERT WORTH  TX  TKLS  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Date  Full name of contributor  HOUT HICK MAN  Contributor address: City: State; Zip Code  P.O. BOX 168  FORT WERTH, TX  RISC  Employer (Optional)  Employer (Optional)  Employer (Optional)  Date  Full name of contributor  Out-of-state PAC (ID#:  FORT WERTH, TX  RISC  In-kind contribution description (if applicable)  Contributor (\$)  In-kind contribution  description (if applicable)  Contributor address: City: State; Zip Code  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Fine Part Werth  Contributor (\$)  In-kind contribution description (if applicable)  THE PART LAW FIRM  Contributor (\$)  Contributor (\$)  In-kind contribution description (if applicable)  Contributor (\$)  Contribution (\$)  Contributor (			x ZIQ		
Amount of contribution (\$)   C	Principal occup	pation (Optional)	Employer (Option	al)	
Principal occupation (Optional)  Date  Full name of contributor  HOLTH  HICKMAN  Contributor address; City; State; Zip Code  FORT WORTH  Full name of contributor  Principal occupation (Optional)  Employer (Optional)  Amount of contribution (if applicable occupation (Optional)  Employer (Optional)  Amount of contribution description (if applicable on the contribution of contribution (\$)  THE PENT LAW Firm  Contributor address; City; State; Zip Code  1120 PENN ST X (6)  FORT WORTH TX X (6)  Principal occupation (Optional)			)		In-kind contribution description (if applicable)
Principal occupation (Optional)    Date	14/03			125,00	
Date    Full name of contributor   Dut-of-state PAC (ID#:   Dut-of-stat		FORT WORTH TX	7665	. 1	
HOUTH HICKMAN  Contributor address: City: State: Zip Code  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Principal occupation (Optional)  Contributor address: City: State: Zip Code  THE PENT LAW Firm  Contributor (if applicable)  Contributor address: City: State: Zip Code  1120 PENN ST  FORT WORTH TX 7602  Principal occupation (Optional)	Principal occup	ation (Optional)	Employer (Optiona	al)	
Principal occupation (Optional)  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Amount of contribution (if applicable con		HOLF HICKMAN		· · · · · · · · · · · · · · · · · · ·	In-kind contribution description (if applicable)
Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Amount of contribution (\$ in-kind contribution description (if applicable)  THE DENT LAW Firm  Contributor address; City; State; Zip Code  1125 PENN ST X X (62  Principal occupation (Optional)	16/63	P.O. Box 168	70100	253,60	· :
THE PENT LAW Firm  Contributor address; City; State; Zip Code  1120 PENN ST TX 7602  Principal occupation (Optional)	Principal occupa			1)	·
THE PENT LAW Firm  Contribution address; City; State; Zip Code  1120 PENN ST TX 7602  Principal occuration (Optional)	Date	Full name of contributor			
Principal occupation (Options)	1.1.2	THE DENT LAW FO	RM		In-kind contribution description (if applicable)
Principal occupation (Optional)	/11/03	1120 PENN ST	7102	250,00	
Employer (Optional)	Principal occupa		Employer (Optional	<u>l</u> _	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	THAN PLEDGES OR LOANS		(FOR FORM	s C/OH, C/OH-SS, &C-C/OH, IC-SPAC, &PAC, & SPAC-88)
The Instruction	Guide explains how to complete this form.		1 Total pages this S	chedule A1:
FILER NAME	MCCLOUP, RALPI	<del>-</del> -1	3 ACCOUNT # (Ein	cs Commission filers)
• Date	5 Full name of contributor   out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/31/03	REV NEMIAH DAKIS 6 contributor address: City: State. Zip Code 2300 TIMPERLINE FORT WORTH TY	76119	(00,00	
g Principal occup	ation (Optional)	10 Employer (Options	ai)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/03	JOE PULLE contributor address: City: State. Zip Code 2127 PEMBROOK	PR	100,00	
	FORT WORTH TX	Employer (Option	al)	
Principal occup	etion (Optional)			
Date	Full name of contributor Out-of-state PAC IDN.	)	Amount of contribution (\$)	In-kind contribution description (# applicable)
4/18/03	TAMES TOAL  Contributor address: City: State: Zip Code  248 N. BAILEW  FORT WORTH 76	107	500.00	
Principal occup	pation (Optional)	Employer (Option	ai)	
Date	Full name of contributor Out-of-state PAC (ID)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19/03	Contributor address: City: State: Zip Code 1401 CONTRY DAY F BENBROOM	TRAU	50,00	 
Principal occup	pation (Optional)	Employer (Option	sal)	
Date	Full name of contributor Soul-of-state PAC (IDS		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/3/03	REED PAMAN  Contributor address: City: State: Zip Code  200 TEXAS WAY  FORT WEATH TX	76/06	250,10	, 
Principal occu	pation (Optional)	Employer (Optio	nal)	
If contr	ATTACH ADDITIONAL COPIES	S OF THIS FORM	AS NEEDED	ting requirements.

#### SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER	THAN PLEDGES OR LOAN	S	,	SC-SPAC, SPAC, & SPAC-SS)
The Instruction	Guide explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME	MCCLOUP RALA	01-1	3 ACCOUNT # (EL	hics Commission filers)
4 Date	5 Full name of contributor   Quil-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/8/03	6 Contributor address; City; State; Zip Code 2326 MISTUE TO E	PRIVE	100,00	
	FORT WORTH , TX	<del></del>		
9 Principal occur	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/1/63	MIKE HEISKELL Contributor address; City; State; Zip Code		1- A 6 ×	
4403	1909 AUTRY CT ARLINGTON TO		60,00	
Principal conus	pation (Optional)	Employer (Option	(les	
Fillicipal occup	value (Optional)	Employer (Option		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/203	MARTY CRADPOCIC Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code	· · · ·	50,00	   '
S	FORT WORTH 70	T		
Principal occup	ation (Optional)	Employer (Option	ai)	
Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/12	DENNY ALE YANDER Contributor address; City; State; Zip Code	<del>-</del> .,,		
3/31/03	4206 S: HULEN		100,00	
	FORT WORTH TY	7610		
Principal occup	ation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/1/03	Sames Nichols Contributor address; City; State; Zip Code		2 ~ 4 40	
7.70	Contributor address; City; State; Zip Code  431   OVERTOP   Noo!	os	200.00	
	FORT WORTH TX	76109	_	
Principal occup	ation (Optional)	Employer (Option	al)	
		1		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

~ ! ! ! <b>.</b>	R THAN PLEDGES OR LOANS	(FOR FO	RMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruct	סוסא Guide explains how to complete this form.	1 Total pages this	s Schedule A1:
2 FILER NAM	MCCLOUP RALPH	3 ACCOUNT # (E	Ethics Commission filers)
3/31/0 3	5 Full name of contributor out-of-state PAC (ID#:  FOHN ROACH 6 Contributor address; City; State; Zip Code  2805 ALTON RO	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Principal occu	FORT WORTH TO  upation (Optional)  10	Employer (Optional)	
121/61	Full name of contributor out-of-state PAC (ID#:  FRANCIS M. CARTMY  Contributor address; City; State; Zip Code  4209 RUWAN DRUE	Amount of contribution (\$)	In-kind contribution description (if applicable)
	FOR WORTH TX 7616	100,60	
Principal occu	pation (Optional)	Employer (Optional)	
Date	Full name of contributor   out-of-state PAC (ID#:	) Amount of contribution (\$)	In-kind contribution description (if applicable)
	FORT WERTH, TY	26/12 50,08	
Principal occup	nation (Optional)	Employer (Optional)	
Date #/21/03	Full name of contributor out-of-state PAC (ID#:  STEPHEN MEELS  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1125 HIDDEN BAKS PR BEDFEND TX 76622	200,00	
Principal occup	ation (Ontinnel)	(mployer (Optional)	
Date 1/21/63	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
	ARLINGTON, TX 760	12' 1000, 00	
Principal occupa	ation (Optional)	mployer (Optional)	. :

The Instruct	том Guide explains how to complete this form.	1 Total pages this	s Schedule A1:
			711,
FILER NAM	MCCLOUP RAIPH	3 ACCOUNT# (E	thics Commission flers)
Date	5 Full name of contributor Out-of-state PAC (IDs:	7 0-00-1-4	
	GREATTO EN BOARD OF P	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
Lutz	PAC	3440	1
14/03	GREATER FW BOARD OF RE 6 Contributor address; City; State; Zip Code 2650 PARKVIEW DR	1000.00	1
	FAREVIEW DR.		 
	FW 76102		} <b>~</b>
Principal occu	upation (Optional) 10 Emplo	yer (Optional)	1
Date	Full name of contributor Out-of-state PAC (ID#:		
	(10%)	Amount of contribution (\$)	In-kind contribution description (if applicable
	THEODIS WARE		
28/12	Contributor address; City; State: Zip Code		
20/87	6332 WARWICK HILLS	200.00	
	Contributor address; City; State: Zip Code  633 2 WARWICK HILLS FORT WORDY TX 76: position (Optional) Employ	132	
Principal occu	pation (Optional) Employ	er (Optional)	
D-1-			
Date	Full name of contributor	) Amount of	in-kind contribution
	JUDY G NEEDHAM	contribution (\$)	description (if applicable)
22/03	Contributor address: City; State: Zip Code	• 1	
9	Contributor address; City; State; Zip Code 5328 COLL IN WOOD	- 58.001	
	FORT WORTH, TX 761	107	
rincipal occup	ation (Ontional)		
	Employe	r (Optional)	
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of	
	•	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State Zip Code		("=====================================
21/03	City; State/ Zip Code	100,00	
•	1101 ELIZOBETH	0.00	
incinal serve	FORT WORTH TY THIS	ь	
		(Optional)	<del></del>
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of	
	QPAC	contribution (\$)	In-kind contribution description (if applicable)
3/62			
2/00	7 Lip 0006	870	
	FORT WORTH TY	7.5	
ncinal coous =		16-8-	
ncipal occupal	Employer	(Oplional)	
	ATTACH ADDITIONAL COPIES OF THIS FO	*	
	ATTAUM AUDITIONAL CODIES OF THIS EX	DM AC NEEDED	requirements.

POLITICAL EXPENDITURES	(512) 463-5800 1-800-325-85
L	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form	n. 1 Total pages Schedule F:
2 FILER NAME McCLOUD	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name  KWIK CoRY  6 Payee address; City; State;	7 Amount (\$) Zip Code 281 / 5 /
8 Purpose of payment (See instructions regarding type of inform required.)  COPY IMP	Dation 9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held *
Date Payee name  KW/K Co  Payee address; City: State; Z	
Purpose of payment (See instructions regarding type of informa required.)	etion •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Payee name  CHRISTINA L. M. Payee address; City; State; Zip  2412 Annale  Fort World	Amount (5)  Code  250,00
Purpose of payment (See instructions regarding type of informati required.)  WALK TEAM FUNDS  FOOD	on •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Payee address: City: State; Zip.	ARRE Amount (\$) Code Mael , Amount (\$)
Purpose of payment (See instructions regarding type of informatio required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL CO	OPIES OF THIS FORM AS NEEDED

Texas Ethics Co	ommission P.O. Box 12070 Austin, Texa	as 78711-2070	(512) 463-5800 1-80	
POLIT	ICAL EXPENDITURES		SCHEDL	00-325-85 JLE <b>F</b>
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAM	E		3 ACCOUNT # (Ethics Commission file	ers)
4 Date	5 Payee name  HAWK ELECTRONI  6 Payee address; City: State; Zip Code	CS JORTH TX	7 Amount (\$)	-
	elephone (cellula)	T.	act expenditure to benefit C/OH ••  Office sought	Office held
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	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED	DED	

POLITICAL EXPENDITURES	(512) 463-5800 1-800-325-8
	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission flers)
Date 5 Payee name  KINKOS	7 Amount (\$)
4/12/03 6 Payee address; City; State: Zip Code  CAMP BOWE	156.96
PRINTING	if direct expenditure to benefit C/OH er name Office sought Office held
Payee name  ECKERD PRUCS  Payee address; City: State; Zip Code  FW  Payee Address; City: State; Zip Code  WHITE SETTLEM  FW	27.61
Purpose of payment (See instructions regarding type of information required.)	direct expenditure to benefit C/OH r name Office sought Office held
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Purpose of payment (See instructions regarding type of information required.)  ** Complete if d Candidate / Officeholder	tirect expenditure to benefit C/OH ** name Office sought Office held
Payee name  KIP KING  Payee address; City; State; Zip Code	400,00
Purpose of payment (See instructions regarding type of information Complete if die candidate / Officeholder n	rect expenditure to benefit C/OH name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS N	EEDED

Texas Ethics C	Commission P.O. Box 12070 Austin, Tex	as 78711-2070	(513) 463 5000
POLIT	ICAL EXPENDITURES		(512) 463-5800 1-800-325-6 SCHEDULE F
The Instruct	rion Guide explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAN	<b>ME</b>	3	ACCOUNT # (Ethics Commission filers)
4 Date 4/12/03	5 Payee name  TASTE BUDS 6 Payee address; City; State; Zip Cod  RUER 5 LOE		7 Amount (\$) 235,00
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	ATTACH ADDITIONAL COPIES		